



Board Contingency Grant Funds Application Form

A. Summary of applicant organization and amount requested:
(Use attached form)

B. Narrative (preferred length not to exceed two pages)

1. Agency information
 - a. Mission Statement or brief statement of organization's goals and/or objectives
2. Purpose of Grant
 - a. Issues to be addressed; benefits
 - b. Target population and approximate number of Superior residents to be affected by program
 - c. Goals and objectives for the purpose of the grant; Impact to residents of Superior – Directly and Indirectly
 - d. Activities planned to accomplish goals – new or ongoing activity
 - e. Timetable for implementation
 - f. Other organizations participating in activity
 - g. Long term sources/strategies for funding at end of grant period – (if on-going)
3. Evaluation
 - a. Expected results during funding period
 - b. Long term/community effects of project

C. Attachments

1. Program/project budget
2. List of other contributors and amounts to organization/project
3. List of volunteer involvement and in-kind contributions
4. Copy of IRS determination letter indicating 501(c)3 or tax exempt status (if appropriate)

Grant applications must be mailed or delivered to Town Hall by the deadline:

Town of Superior

Attn: Contingency Grants

124 E. Coal Creek Dr.

Superior, CO 80027

Funds are granted on a quarterly basis upon direction of the Trustees of the Town of Superior.



Board Contingency Grant Funds Organization Summary

MISSION STATEMENT: The Board of Trustees of the Town of Superior designed this grant program to benefit community groups that need funding in order to develop or conduct programs that have a substantial benefit to the community. Grant requests for projects that offer first time, creative or innovative programs or services for the community will receive greater consideration.

Organization Name _____

Address _____

Contact Person _____

Title _____

Office Phone _____ Office Fax _____

Home Phone _____ Email _____

Purpose of Grant:

- ☐ Special Program/Project
- ☐ Capital Expenditure (Additions/Improvements to Site/Equipment)
- ☐ Start-up Costs (One Time Request)
- ☐ Technical Assistance
- ☐ Other

Brief Description of Request: _____

Amount of Request: \$ _____

Signature _____

President, Organization Board of Directors or Program Director

Date



Board Contingency Grant Funds Guidelines

Primary Areas of Interest:

Programs that affect the largest number of residents of the Town of Superior
Programs that have a positive, long term effect on the residents of the Town of Superior
Programs that support creative activity in the Town of Superior
Youth
Health
Education
Cultural
Historical
Environmental
Human Services

Priority given to Program/Project which:

- Has a direct and substantial benefit to the community
- Provides a benefit which will continue for more than one year
- Applicant is locally based
- Provide assistance where there is a health and safety concern

(Possible Funding considerations)

- Have never received funds
- Have a high need for financial assistance
- Has generated funding from private sources

Restrictions:

Conferences
Individual benefit
Programs not affecting or benefiting the residents of the Town of Superior
Salaries/Wages
Debt Retirement
Religious or political purposes
Organization plans to use funds to pay taxes or fees of other government entities
Any organization/group that has misappropriated past funds
Any organization/group that has failed to turn in a financial report to the Town
Maximum amount of funding awarded to any program will be \$1,500 in two year time frame (Two years from the date of funding)